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1. mail: U.S. Department of Agriculture Office of the Assistant Secretary of Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

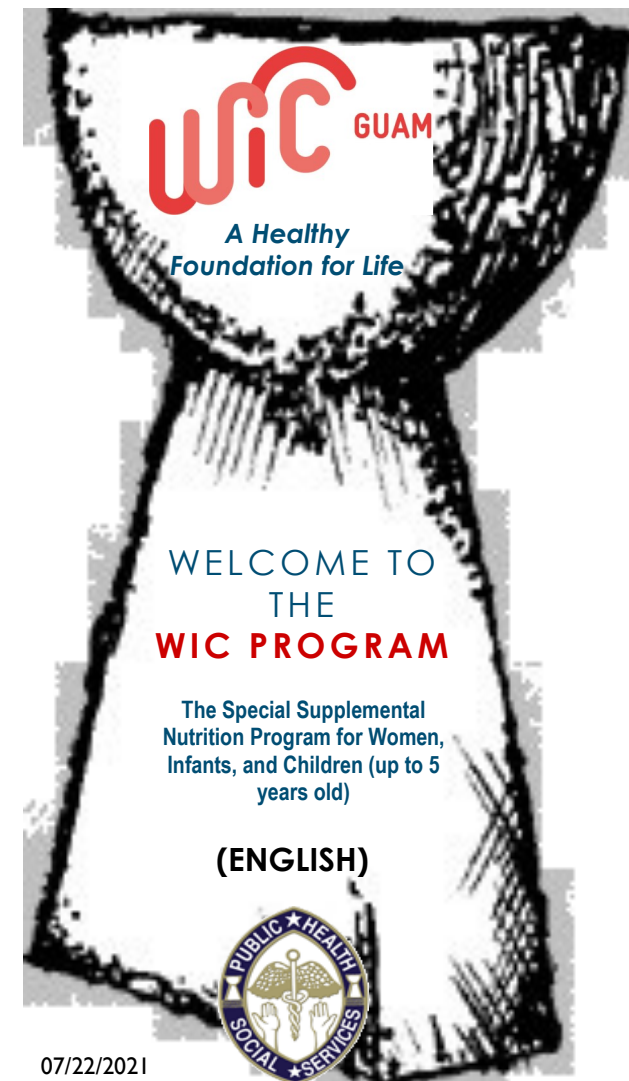
This institution is an equal opportunity provider.

WIC Clinic (circle one):
Dededo • Tiyan • Santa Rita • Inarajan

WIC Appointment Date & Time

Family ID #

Authorized Representative's Name





WHAT IS WIC?

The GUAM WIC PROGRAM is a special supplemental nutrition and education program for women, infants, and children (up to 5 years old).

It is a Health Promotion Program, not a welfare program. It teaches you and your family to be aware of your nutritional needs and to practice good eating habits. The Guam WIC Program helps you to be healthy during times of rapid growth. It promotes and supports breastfeeding, helps you prevent medical problems, and helps lower your health costs.



WHAT DOES WIC PROVIDE?

- Nutritional group classes.
- Personalized nutrition counseling.
- Breastfeeding information and support, including hospital and home visits, if needed.
- Food guides for feeding yourself, your infants, and your children.
- Supplemental foods, such as milk, eggs, fortified cereals, 100% fruit and vegetable juices, dry beans, peanut butter, whole wheat bread, vegetables, and fruits.
- Infant cereal, infant vegetables, and infant fruits.
- Referrals to other community programs (government and private) as needed.



WHO CAN APPLY?

ARE YOU ELIGIBLE FOR WIC? FIND OUT BY GOING TO THIS WEBSITE
<https://wic.fns.usda.gov/wps/pages/start.jsf>

You can apply if you are:

Women: Pregnant, postpartum (up to 6 months after infant's birth), or a breastfeeding woman (up to infant's 1st birthday);

Infants: A parent/guardian for an infant (0-11 months old);

Children: A parent/guardian for a child under 5 years old.



WHAT TO BRING TO YOUR APPOINTMENT?

Bring the following to your certification or first appointment:

Most recent paycheck stubs of everyone working and/or retired in the household. Any proof of cash income, such as child support, tips, or LES document.

Earnings						
Rate	Month	Regular Hours	Over Time	Regular	Over Time	Gross Pay
\$8.50	Sept	160	0	\$1360.00	0	\$1360.00
Deductions						
FICA	SDI	FIT	SIT	INS	Ret	Net Pay
\$120.00	\$27.20	\$108.80	\$61.20	\$27.20	\$81.60	
FICA - Social Security SIT - State Income Tax		SDI - Disability INS - Insurance		FIT - Federal Income Tax Ret - Retirement		

(Sample check stub)

Most recent Certification for Medicaid, SNAP (formerly Food Stamp), or TANF.

Proof of Residency. Any document with the caretaker's name and home address, such as a lease/rental agreement, utility/cable bill, note from homeowner where you live with supporting name and home address, Mayor's verification letter, or Guam ID or Guam driver's license issued after 6/24/18 with the Real ID emblem.

Current proof of I.D.

For Adults: Valid Guam ID, Guam driver's license, passport, or work or school ID



For Infants (0-11 months old): crib card, hospital birth certificate, or official birth certificate; and shot record/immunization card

For Children (under 5 years old): official birth certificate and shot record/immunization card

CERTIFICATE OF LIVE BIRTH			
LOCAL FILE NO.	1. CHILD'S NAME (First, Middle, Last, Suffix)		2. TIME OF BIRTH (24 Hr)
3. FACILITY NAME (If not institution, give street and number)	4. CITY, TOWN, OR LOCATION OF BIRTH	5. SEX	6. DATE OF BIRTH (MM/DD/YYYY)
7. COUNTY OF BIRTH	8. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		
9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	10. DATE OF BIRTH (MM/DD/YYYY)		
11. BIRTHPLACE (State, Territory, or Foreign Country)	12. RESIDENCE OF MOTHER-STATE		
13. COUNTY	14. CITY, TOWN, OR LOCATION		
15. STREET AND NUMBER	16. APT. NO.	17. ZIP CODE	18. INSIDE CITY LIMITS?
19. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		20. DATE OF BIRTH (MM/DD/YYYY)	21. BIRTHPLACE (State, Territory, or Foreign Country)
22. CERTIFIER'S NAME		23. DATE CERTIFIED	24. DATE FILED BY REGISTRAR
TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CHMCM <input type="checkbox"/> OTHER MIDWIFE		MM DD YYYY	MM DD YYYY
<input type="checkbox"/> OTHER (Specify):			

IMMUNIZATION RECORD
 Comprobante de Inmunización

Name
 nombre

Birthdate
 fecha de nacimiento

Allergies
 alergias

Vaccine Reactions
 reacciones a cualquier vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

Bring the **infant and/or child under 5 years old.**



For legal guardians (if not natural parents), **bring court documents.**



TO APPLY:

E-mail: guamwic@dphss.guam.gov
 or call WIC clinics:

DEDEDO

Tel: (671) 635-7471/2

Fax: (671) 635-7476

Monday-Friday 8:00 am - 5:00 pm

Saturday 8:00 am - 5:00 pm

Walk-Ins : Call First

TIYAN

Tel: (671) 475-0295/6

Fax: (671) 477-7945/49

Monday-Friday 8:00 am - 5:00 pm

Saturday 8:00 am - 5:00 pm

Walk-Ins: Call First

SANTA RITA

Tel: (671) 565-3537

Fax: (671) 565-3536

Monday/Wednesday/Friday

8:30 am – 4:30 pm

Walk-Ins : Call First

INARAJAN

Tel: (671) 828-7550

Tuesday/Thursday

8:30 am– 4:30 pm

Walk-Ins : Call First

All locations are **CLOSED** on Government of Guam holidays and last Friday of the month for In-service Training.



Guam WIC Program
 15-6100 Mariner Avenue
 Barrigada, Guam 96913-1601